



JOHN ENGLER, Governor

DEPARTMENT OF MANAGEMENT & BUDGET

P.O. BOX 30026, LANSING, MICHIGAN 48909

PATRICIA A. WOODWORTH, Director

April 27, 1992

OFFICE OF ADMINISTRATIVE SERVICES
ADVISORY MEMORANDUM NO. 92-1

TO: All Bureaus and Offices

SUBJECT: Space Modification Forms and Procedures

The Office of Support Services recently developed new procedures for its handling of space modification requests so that it may be more responsive in establishing priorities and completing redesign work for all state agencies. Part of their new procedure includes use of the attached forms for requesting space modifications. This Advisory Memorandum provides instructions for Department of Management and Budget space modifications and use of these forms.

It should be noted that the attached forms are preliminary in nature and will be replaced in the near future with multi-part forms. Until the new forms are provided, you should photocopy the attached as necessary, using the appropriate colored paper. Requests for space modifications that are not submitted on these forms will be returned to the agency.

All space modification requests must be approved by the Office of Administrative Services before they are forwarded to the Office of Support Services.

General Procedure for Space Modifications

- Agency completes the appropriate form and forwards it to the Office of Administrative Services.
- Office of Administrative Services approves the request and forwards it to the Office of Support Services.
- Office of Support Services approves the request and forwards it to the Space Design Unit for assignment to a designer.
- Designer works with the agency and prepares the blueprint.
- Agency approves the final blueprint and returns it to the designer.
- Office of Administrative Services approves the final blueprint and returns it to the designer.
- Agency prepares telephone, computer move and other moving requests, as necessary.

Completion of Form DMB-603, Modular Furniture Accommodation, Adjustment or Repair Request

This form should be used when requesting emergency health and safety related repairs, reasonable accommodation modifications, minor workstation modifications that do not require any new parts, and minor repairs.

Agencies should complete everything on the form except the Department Authorized Signature and the area marked for use by the Office of Support Services.

The "description of the work required" should be in sufficient detail to clearly identify the modifications that are needed. Copies of blueprints or sketches of the desired work may be attached to clarify the request.

The bureau or office director is required to approve the request. This should be noted by signing directly above the Contact Person block.

Instead of forwarding the request to the Office of Support Services, the completed form should be sent to the Office of Administrative Services for approval. If any exceptions to the request are made, you will be notified so that you are aware of what has been approved.

When emergency repairs that affect health and safety are needed, you should contact the facility manager immediately. The facility manager will assist in completing the form if necessary. A confirmation copy should be sent to the Office of Administrative Services for all such repairs.

Completion of Form DMB-604, Space Modification Request, and Form DMB-638, Workplace/Group Audit

These forms should be used for all other space requests. It is critical that sufficient detail be provided to ensure that both the Office of Administrative Services and the Office of Support Services understand the desired changes and any special time constraints and considerations. Additional paper may be used, if necessary, to describe the desired changes in further detail.

Agencies should complete everything on the Space Modification Request, Form DMB-604, except the Requesting Department Use, Department Authorized Signature, Phone Number (next to the Authorized Signature) and the area marked for Office of Support Services use.

In all cases, the box titled "check if department space standards should be used" must be checked since departmental space standards will be used for all space modifications. Most agencies already have a copy of these standards. If you do not, please request one from the Office of Administrative Services.

For redesign requests involving ten or more workstations, the Workplace/Group Audit form, Form DMB-638, must be completed and attached to Form DMB-604. When Form DMB-638 is not required, the "reason for and a description of the

work required" must include the name and Civil Service Classification for each employee whose workstation is to be modified. Copies of blueprints or sketches of the desired work may be attached to clarify the request.

The bureau or office director is required to approve the request. This should be noted by signing directly above the Contact Person block on Form DMB-604.

Instead of forwarding the request to the Office of Support Services, completed forms should be sent to the Office of Administrative Services for approval. If any exceptions to the request are made, you will be notified so that you are aware of what has been approved.

To ensure that delays are avoided, agencies are encouraged to advise the Office of Administrative Services of necessary changes to approved requests that are identified after design work begins. Blueprints that are submitted to the Office of Administrative Services for approval that contain non-approved changes will be returned for modification.


A copy of the Work Place/Personal Audit form is attached for your information. Once design work begins, persons affected by the modifications may be requested by the designer to complete this form.

Distribution of Advisory Memorandum

For your convenience, two copies of this memorandum have been provided. Please retain one copy in a central file for future reference. The other copy should be distributed to those individuals within your agency responsible for preparing space modification requests.

Completed space modification forms and questions regarding this Advisory Memorandum should be directed to the attention of Susan Horvath at 3-2614.

Your cooperation and adherence to this procedure will be appreciated.


William R. Buckley, Director
Office of Administrative Services

DISTRIBUTION:

PARTS 1 & 2 - Support Services

PART 3 - Department Space Coordinator

DEPARTMENT OF MANAGEMENT AND BUDGET
OFFICE OF SUPPORT SERVICES**MODULAR FURNITURE
ACCOMMODATION, ADJUSTMENT OR REPAIR REQUEST**

INSTRUCTIONS: Please Type or Print Clearly. After completion, return to the Office of Support Services, 1st Floor, Mason Building.

DATE SUBMITTED	DATE RECEIVED BY OSS	PROJECT NUMBER
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TYPE OF SERVICE REQUESTED: (Check the box that represents the service requested.)

- ☐ EMERGENCY - A health or safety hazard exists. Immediately notify the facility manager.
- ☐ REASONABLE ACCOMMODATION REQUEST - Supporting documentation is on file in department.
- ☐ ADJUSTMENT - Adjusting work surface heights and relocating drawers, task lights, shelves, etc. **(No Additional Parts Are Needed.)**
- ☐ REPAIR - Repairing drawers, flipper doors, etc.

DEPARTMENT	BUREAU/SERVICE AREA	PROGRAM UNIT
BUILDING	FLOOR	COLUMN LOCATION

TYPE OF MODULAR INVENTORY INVOLVED (Check All That Apply)

- ☐ Herman Miller ☐ Westinghouse ☐ Haworth ☐ Other _____

DETAILED DESCRIPTION OF WORK REQUIRED**MATERIALS AND/OR LABOR CHARGED TO**

ADPICS OR JOB TICKET NO.

The project may be delayed if coding information is incorrect.

AGY	AY	INDEX	PCA	COBJ	AOBJ	GRANT	GP	PROJECT	PP	AC1	AC2	AC3	%

CONTACT PERSON	PHONE NUMBER	DEPARTMENT AUTHORIZED SIGNATURE
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FOR OFFICE OF SUPPORT SERVICES USE ONLY

RELEASED TO DESIGN	DATE	SIGNATURE	
RELEASED TO CONSTRUCTION	DATE	PLANNER	ESTIMATED COST \$

DISTRIBUTION:

PARTS 1 & 2 – Support Services

PART 3 – Department Space Coordinator

DEPARTMENT OF MANAGEMENT AND BUDGET

OFFICE OF SUPPORT SERVICES

SPACE MODIFICATION REQUEST

INSTRUCTIONS: Please Type or Print Clearly. After completion, return to the Office of Support Services, 1st Floor, Mason Building.

DATE SUBMITTED		DATE RECEIVED BY OSS		PROJECT NUMBER									
DEPARTMENT		BUREAU/SERVICE AREA		PROGRAM UNIT									
BUILDING		FLOOR		COLUMN LOCATION									
CONTACT PERSON		PHONE NUMBER	CHECK IF DEPARTMENT SPACE <input type="checkbox"/> STANDARDS SHOULD BE USED.		REQUESTING DEPARTMENT USE								
REASON FOR AND A DETAILED DESCRIPTION OF THE WORK REQUIRED													
NUMBER OF MODULAR WORK STATIONS TO BE DESIGNED/MODIFIED		NUMBER OF CEILING HIGH OFFICES/ROOMS ADDED		TOTAL NUMBER OF WORK STATIONS TO BE DESIGNED/MODIFIED									
WHAT TYPE OF MODULAR INVENTORY IS INVOLVED (Check All That Apply)													
<input type="checkbox"/> Herman Miller <input type="checkbox"/> Westinghouse <input type="checkbox"/> Haworth <input type="checkbox"/> Other _____													
IF PRIVATELY LEASED SPACE IS AFFECTED, WHERE IS IT LOCATED AND WHEN DOES THE LEASE EXPIRE													
DOES THIS REQUEST													
<input type="checkbox"/> Increase Space <input type="checkbox"/> Decrease Space <input type="checkbox"/> Space Does Not Change													
WILL THIS REQUEST REQUIRE (Check All Boxes That Apply)													
<input type="checkbox"/> Electrical Work <input type="checkbox"/> Telephone Work <input type="checkbox"/> Computer Changes (Electrical and Networking)													
EXPLAIN ANY SPECIAL TIME CONSTRAINTS WHEN THE PROJECT CAN OR CANNOT BE CONSTRUCTED													
EXPLAIN ANY SPECIAL CONSIDERATIONS WE SHOULD BE AWARE OF													
MATERIALS AND/OR LABOR CHARGED TO													
ADPICS OR JOB TICKET NO.		The project may be delayed if coding information is incorrect.											
AGY	AY	INDEX	PCA	COBJ	AOBJ	GRANT	GP	PROJECT	PP	AC1	AC2	AC3	%
DEPARTMENT AUTHORIZED SIGNATURE										PHONE NUMBER			

FOR OFFICE OF SUPPORT SERVICES USE ONLY

DATE RELEASED TO DESIGN	SIGNATURE	PLANNER	ESTIMATED COST \$
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DEPARTMENT OF MANAGEMENT AND BUDGET, OFFICE OF SUPPORT SERVICES

SPACE DESIGN UNIT
WORKPLACE/GROUP AUDIT

Department _____
Group _____

1. CODE		2. NAME		3. CLASSIFICATION		4. STATION TYPE/ SQUARE FOOTAGE		5. ADJACENCIES PEOPLE BY CODE		6. EQUIPMENT -- DIMENSION, AMPS TE CUMP, PRINTER ITEM		7. CONVENTIONAL FILES QUAN DRWS # UP		8. DIMENSION WIDTH DEPTH HEIGHT		9. DIMENSION OF FILE WIDTH DEPTH HEIGHT		10. CONVENTIONAL FILE ROOM REQUIREMENTS		11. CONFERENCE ROOM REQUIREMENTS		12. STORAGE ROOM REQUIREMENTS		13. OTHER		
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										

8. GROUP EQUIPMENT

AMPS

DIMENSION

WIDTH DEPTH HEIGHT

-COPIER

-PRINTER

-FAX

-REFRIGERATOR

-MICROWAVE

-COFFEE MAKER

-OTHER

9. GROUP RELATIONSHIPS

DEPT'S/DIVISIONS/
SECTIONS/GROUPS

11. CONFERENCE ROOM
REQUIREMENTS

QUANTITY

5-10

10-20

20-30

PEOPLE

12. STORAGE ROOM
REQUIREMENTS

QUANTITY

5-10

10-20

20-30

PEOPLE

13. OTHER

QUANTITY

5-10

10-20

20-30

PEOPLE

WORK PLACE AUDIT INSTRUCTIONS

Please complete the Group Organization and Personal Requirements forms using the instructions listed below.

I. WORK PLACE/GROUP AUDIT

1. CODE: This is a precoded number to be used throughout the project to facilitate coordination between the Planner, Department Coordinator, and Contact.
2. NAME: Identify all personnel within your unit by first and last name.
3. CLASSIFICATION: Use Civil Service classification of personnel designated.
4. STATION TYPE/SQUARE FOOTAGE: If your department has determined standards, indicate the station type. If standards have not been determined, indicate the approximate square footage desired for each person. Space Design will evaluate the feasibility of this request.
5. ADJACENCIES: Use individual's code number in column #1 (i.e. 1, 2, or 3) to indicate who each individual works with most often. Indicate any group equipment in the department that individuals need to be near.
6. EQUIPMENT: Identify the equipment in each station, its amperage requirements and its dimension.* Use additional lines if necessary.
7. CONVENTIONAL FILES: Designate the quantity of free standing files according to the number of file drawers and file dimensions needed in each individual's station.*
8. GROUP EQUIPMENT: List all equipment and amperages used by your group.
9. GROUP RELATIONS: Indicate all other groups your unit should be near.
10. CONVENTIONAL FILE ROOM REQUIREMENTS: List all free standing files, the number of drawers, and the dimensions of the files.*
11. CONFERENCE ROOM REQUIREMENTS: How many conference rooms do you need? Check the number of people you must accommodate in each room.

II. WORK PLACE/PERSONAL AUDIT:

Please give these forms to each employee to complete. Do not fill them out yourself. However, if this is a new position, fill the form out yourself.

*Dimensions:

Width = Distance Across, Depth = Distance Front to Back,
Height = Distance Up and Down

PERSONAL WORK PLACE AUDIT

Instructions: Each employee should complete this form and return it to the appropriate liaison.
Liaisons should complete forms for vacant positions that will be filled.

Department:	Bureau:	Unit/Group:
Name:		Telephone Number:

1. Functional Needs — are you ☒ Right Handed ☐ Left Handed

Work place surface height:	29"	25"	Other
Primary (29" is standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Typing/computer (25" is standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other work surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

2. Describe anything special or unique needed in the arrangement of your space that would help you do your job more efficiently.

3. Please explain any reasonable accommodation needs or special/unique equipment that should be considered in the arrangement of your space.

4. Additional information:

Supervisor Approval: _____ Date _____